

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Medy's ARCH I, Inc.	CHAPTER 100.1
Address: 1447 Ala Ielean Street, Honolulu, Hawaii 96818	Inspection Date: October 16, 2020 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (f)(3) General rules regarding records:  An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;  <u>FINDINGS</u> Resident #1 – Found a nursing care plan from a patient not residing at the care home in Resident 31's chart.	<p style="text-align: center;"><b>PART 1</b></p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>1. Nursing care plan for the patient not residing at the care home was removed from resident #3's chart immediately after the PCU writer's attention was called by the NC.</i></p> <p><i>2. Nursing care plan was filed to the right designated patients chart.</i></p>	<p><i>10/16/2020</i></p> <p><i>10/16/2020</i></p>

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Licensee's/Administrator's Signature: Mediator De la R

Print Name: MEODATRIX DE LA R

Date: 11/24/20